

CLAIMS ONLY

Application Number 101662089	Filing Date
----------------------------------------	-------------

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
3							52			
4							53			
5							54			
6							55			
7							56			
8							57			
9							58			
10							59			
11							60			
12							61			
13							62			
14							63			
15							64			
16							65			
17							66			
18							67			
19							68			
20							69			
21							70			
22							71			
23							72			
24							73			
25							74			
26							75			
27							76			
28							77			
29							78			
30							79			
31							80			
32							81			
33							82			
34							83			
35							84			
36							85			
37							86			
38							87			
39							88			
40							89			
41							90			
42							91			
43							92			
44							93			
45							94			
46							95			
47							96			
48							97			
49							98			
50							99			
Total Indep	3						100			
Total Depend	13						Total Indep			
Total Claims	16						Total Depend			